

AHI Left: 6.2/hr
AHI Prone: 30.1/hr

4% CRITERIA (NORMAL AHI is <5 e/hr)

AHI 10.2 e/hr
ODI 5.9 e/hr

Travels (flight attendant) and would like to avoid cpap. Bridges with reduced teeth (oral appliance not ideal) and clenches. Declines CPAP. Nasal obstruction - open to ent referral. Says sinus surgery in past.

Plan:

- refer ENT mild osa and nasal obstruction
- discussed driving safety and the importance of not driving if drowsy
- discussed impact of ETOH and muscle relaxants on sleep apnea
- all questions were answered and the patient is willing to proceed
- advised if he pursues surgical intervention, will need repeat study s/p to recheck AHI

Insomnia contributing factors include poor sleep hygiene (lies in bed when can't sleep), a component of psychophysiological insomnia (increased stress), episodes of heart palpitations, shortness of breath. mild OSA (wakes up 10 x's), denies RLS/PLMS (but no witness)

Plan:

- Discussed sleep hygiene
- Refer for CBT for insomnia to mental health clinic
- He will reach out to PCP for re-referral for mental health services re: work stressors, etc.

SLEEP CLINIC FOLLOW-UP:

- RTC with me s/p surgery to recheck
- If on CPAP, follow up with CPAP tech for routine downloads per protocol.

Number for sleep clinic scheduler is 916-843-9350.

If any issues, call CPAP tech Quick Q line: 916-843-7306

Sleep Medicine Attending: Theresa Buckley, MD, FAASM

TOTAL 45 MINUTES INCLUDING DIRECT 16 MINUTES PLUS ADDITIONAL TIME BEFORE AND AFTER VISIT REVEIWING CHART, DOCUMENTING AND COORDINATING CARE

/es/ Theresa M. Buckley, MD, FAASM
 Staff Physician, Sleep Medicine
 Signed: 01/03/2023 16:02

Receipt Acknowledged By:
 01/03/2023 19:25 /es/ Kamalpreet Dulai, MD
 Physician, Primary Care

Date/Time:	04 Nov 2022 @ 1508
Note Title:	Medical Clerk Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	O'NEIL-DOMINGUEZ,KIARA
Co-signed By:	O'NEIL-DOMINGUEZ,KIARA
Date/Time Signed:	04 Nov 2022 @ 1510

Note

LOCAL TITLE: Medical Clerk Note
 STANDARD TITLE: COMMUNICATION NOTE
 DATE OF NOTE: NOV 04, 2022@15:08 ENTRY DATE: NOV 04, 2022@15:09
 AUTHOR: O'NEIL-DOMINGUEZ,KI EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

called pt to inform him his FMLA paperwork has been completed and ready for p/u at primary care front desk. pt said he will try to p/u sometime on monday

/es/ O'NEIL-DOMINGUEZ,KIARA

Signed: 11/04/2022 15:10

Date/Time:	03 Nov 2022 @ 0956
Note Title:	PT OPC Follow-Up 60318
Location:	No CA Healthcare Sys-Martinez
Signed By:	CONNOLLY,JOHN
Co-signed By:	CONNOLLY,JOHN
Date/Time Signed:	03 Nov 2022 @ 1500

Note

LOCAL TITLE: PT OPC Follow-Up 60318
 STANDARD TITLE: PHYSICAL THERAPY OUTPATIENT NOTE
 DATE OF NOTE: NOV 03, 2022@09:56 ENTRY DATE: NOV 03, 2022@09:56:48
 AUTHOR: CONNOLLY,JOHN EXP COSIGNER: BASEFLUG,BRUCE
 URGENCY: STATUS: COMPLETED

PT OUTPATIENT FOLLOW-UP
patient identified by SSN and name

REFERRING MEDICAL PRACTITIONER: DULAI,KAMALPREET

PROVISIONAL DIAGNOSIS:Cervicalgia(ICD-10-CM M54.2)

REASON FOR REQUEST & MEDICAL JUSTIFICATION:

" Pt with neck pain, please help with ROM exercises.

S: Patient s new complaints. Less clicking and 'smaller' clicks in neck

O: PT EVAL: neutral-flexion bias neck stabilization program. Issued pt bodybackbuddy c instruction for appropriate use after successful demo.

SKIN ASSESSMENT

[X] No wounds

neck pain = 3/10ps positional = 7/10ps

HEP:

HP/bodybackbuddy
self ball to upper trap
self mobs ctj duoball standing
(thinkers pose) c/s deep neck flexor isomets/self txn sup/sit
trap stretch seated
neck aarom rot vs slomo ball in sup

PT Tx included c neutral/flex biax of neck:
iastm to neck esp left side and related areas
self iastm to neck using bodybackbuddy - good demo added to hep

A: Patient tolerated treatment well. Issued pt bodybackbuddy to further release

tight soft tissues surrounding neck. He responded very well to iastm today as neck tension mod/sig decreased by end of session. Pt making gains to goals as he

is better able to manage symptoms.

PROGRESS TOWARD MEETING PT GOALS: -IN PROGRESS

The following long-term goals (LTGs) to be achieved in 10 weeks.

1. (I) demo. & knowledgeable of self-progression/maintenance of HEP.

2. pt restore c/s ROM rotation to 60deg + bil
3. pt to improve c/s pain 75% or better at all times
4. pt rpt decrease frequency/minmal 'cracking' sensation

w/daily IADLs

The following short-term goals (STGs) to be achieved in 4-6 weeks.

1. Correctly demonstrate home exercises with minimal cues.

P: During the past 30 days the plan of care for this patient has been reviewed with the primary PT. The goals and treatment plan remain in effect. consider thinker pose c sit to stand transfer

CUMULATIVE TREATMENT DATA:

Patient's initial PT eval date: 10/4/22

Number of PT follow-up sessions to date: 2/6-8

equipment provided to patient: slomo ball, bodybackbuddy

TODAY'S PT TX TIME: 30 mins.

Ther ex 5

manual therapy 25

/es/ John Connolly, PTA, BA

Physical Therapist Assistant

Signed: 11/03/2022 15:00

/es/ Bruce Baseflug, MPT

Physical Therapist

Cosigned: 11/03/2022 15:02

Date/Time:	31 Oct 2022 @ 1447
Note Title:	Telephone Care VISN 21 Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	RAE,JEREMY
Co-signed By:	RAE,JEREMY
Date/Time Signed:	31 Oct 2022 @ 1449

Note

LOCAL TITLE: Telephone Care VISN 21 Note

STANDARD TITLE: RN TELEPHONE ENCOUNTER TRIAGE NOTE

DATE OF NOTE: OCT 31, 2022@14:47 ENTRY DATE: OCT 31, 2022@14:47:33

AUTHOR: RAE,JEREMY EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** Telephone Care VISN 21 Note Has ADDENDA ***

Date/Time: Oct 31,2022

Patient Name: ROSS,ROBERT ALLEN

SSN: [REDACTED]

DOB: [REDACTED]

Address: [REDACTED]

Phone #: 9162842402

Caller: Patient

If other, specify:

Call back number: [REDACTED]

Call Received by:

Chief Complaint/Patient Request:

- PT REQUESTS CALL BACK IN REGARD TO FMLA PAPERWORK PT DROPPED OFF FOR PCP TO COMPLETE. PT STATES WANTS TO MAKE SURE PCP KNOWS WHAT IT IS PT NEEDS DONE ON FORM.

/es/ RAE,JEREMY

Program Assistant

Signed: 10/31/2022 14:49

Receipt Acknowledged By:

10/31/2022 15:55 /es/ Kamalpreet Dulai, MD
Physician, Primary Care

11/02/2022 11:31 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

10/31/2022 ADDENDUM STATUS: COMPLETED

please call pt back and see what this is for. Is it related to MH? He is seeing MH provider now.

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 10/31/2022 15:56

Receipt Acknowledged By:

11/02/2022 11:42 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

10/31/2022 ADDENDUM STATUS: COMPLETED

Unable to reach patient. Left voicemail message asking that telephone call be returned.

/es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

Signed: 10/31/2022 17:06

11/01/2022 ADDENDUM STATUS: COMPLETED

Pt requesting a call back to explain about he FMLA paperwork. He is boarding a flight in 30 mins. Pt can be reach at [REDACTED] Thank you.

/es/ IMELDA ATILANO

Signed: 11/01/2022 10:45

Receipt Acknowledged By:

11/01/2022 14:47 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

11/01/2022 14:48 /es/ Kamalpreet Dulai, MD
Physician, Primary Care

11/02/2022 ADDENDUM STATUS: COMPLETED
Vet asking to speak with pcp/rncm regarding fmla section9. he needs some dates changed

/es/ Amelia Darya Diangelo
Martinez Call Center (MSA)
Signed: 11/02/2022 10:35

Receipt Acknowledged By:
11/02/2022 11:53 /es/ Kamalpreet Dulai, MD
Physician, Primary Care

11/02/2022 11:17 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

11/02/2022 ADDENDUM STATUS: COMPLETED
Called patient and he was identified using 2/3 patient identifiers (full name, full soc sec number, birth date).

Mr. Ross states that he was asked to have his provider document additional dates of medical visits related to his left knee issue on question 9 of the Health Care Provider Certification Form. He was told that they can include imaging dates and orthopedic appointment dates.

Provider to be informed.

/es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care
Signed: 11/02/2022 11:26

Receipt Acknowledged By:
11/02/2022 12:26 /es/ Kamalpreet Dulai, MD
Physician, Primary Care

Date/Time:	27 Oct 2022 @ 1224
Note Title:	V21 CRH Sleep Disorders
Location:	No CA Healthcare Sys-Martinez
Signed By:	GOMEZ,ALEXANDER
Co-signed By:	GOMEZ,ALEXANDER
Date/Time Signed:	27 Oct 2022 @ 1228

Note

LOCAL TITLE: V21 CRH Sleep Disorders
STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: OCT 27, 2022@12:24 ENTRY DATE: OCT 27, 2022@12:24:10

AUTHOR: GOMEZ,ALEXANDER EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Called patient to discuss results of sleep test which showed moderate obstructive sleep apnea. We briefly reviewed the diagnosis, patient's reactions, and approach to treatment.

The patient explains that he works in the travel industry and is usually only home about 10 days a month. CPAP is not a good fit for him because he is frequently staying in hotels and does not want to be checking a CPAP on and off of planes or lugging around in hotels.

We reviewed the marked positionality of his sleep study, which actually showed significantly more frequent events in prone sleep. He confirms that he was wearing the sleep testing equipment in the proper orientation, with the screen of the main consul facing outwards. It was in that position when he fell asleep

and when he woke up the next day. He says he does not sleep fully on his belly, but thinks that perhaps he has his lower body angled more towards his belly when he sleeps. He does not think he sleeps on his back either. Is not totally clear from his description what position he might be sleeping in, encouraged to see if sleeping fully on his side makes any difference for him while he is waiting for appointment.

Given frequent travel, seems likely that there may be more than just sleep apnea contributing to sleep disruption.

- RTC NorCal VA sleep to review non-PAP treatment options and full intake
10 minutes on phone

/es/ ALEXANDER GOMEZ, MD
V21 Sleep Clinical Resource Hub (CRH)
Signed: 10/27/2022 12:28

Date/Time:	27 Oct 2022 @ 0050
Note Title:	V21 CRH SLEEP STUDY RESULTS CONSULT NOTE
Location:	San Francisco CA VAMC
Signed By:	GOMEZ,ALEXANDER
Co-signed By:	GOMEZ,ALEXANDER
Date/Time Signed:	27 Oct 2022 @ 0051

Note

LOCAL TITLE: V21 CRH SLEEP STUDY RESULTS CONSULT NOTE
STANDARD TITLE: CONSULT

DATE OF NOTE: OCT 27, 2022@00:50 ENTRY DATE: OCT 27, 2022@00:50:34

AUTHOR: GOMEZ,ALEXANDER EXP COSIGNER:

URGENCY: STATUS: COMPLETED

AHI 15, see Northern California chart/JLV for full interpretation

/es/ ALEXANDER GOMEZ, MD
V21 Sleep Clinical Resource Hub (CRH)
Signed: 10/27/2022 00:51

Date/Time: 20 Oct 2022 @ 1023

Note Title: V21 CRH Sleep Study Results

Location: No CA Healthcare Sys-Martinez

Signed By: SHELDON,RACHEL M

Co-signed By: SHELDON,RACHEL M

Date/Time Signed: 20 Oct 2022 @ 1033

Note

LOCAL TITLE: V21 CRH Sleep Study Results

STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: OCT 20, 2022@10:23 ENTRY DATE: OCT 20, 2022@10:24:04

AUTHOR: SHELDON,RACHEL M EXP COSIGNER: GOMEZ,ALEXANDER

URGENCY: STATUS: COMPLETED

*** V21 CRH Sleep Study Results Has ADDENDA ***

** Sleep Clinical Resource Hub (CRH) Home Sleep Test Scored Technical Data Results***

Veteran name: ROBERT ALLEN ROSS

Gender: MALE

[REDACTED] [REDACTED]

Height: 68 in [172.7 cm] (07/26/2019 13:37)

Weight: 165 lb [74.84 kg] (09/12/2022 09:53)

BMI: 25.1

Scoring Tech: Rachel Sheldon, RPSGT

Date of Study: Oct 11,2022

Date Scored: Oct 19,2022

Referring Provider: DULAI,KAMALPREET

Description of Study:

Home sleep recording was performed using the Nox T3 system. The following channels were recorded: nasal-oral airflow thermocouple airflow sensors, respiratory effort (RIP belts), finger pulse oximetry, heart rate (pulse

oximeter), and position. This study did not assess sleep by EEG. Both 3% and 4% desaturation criteria for hypopneas will be reported below.

Data quality: Good

Reason for sleep study: Evaluate presence and/or severity of sleep apnea

Relevant Medical History:

Active Medications:

Active Outpatient Medications (including Supplies):

ATORVASTATIN CALCIUM 40MG TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY FOR CHOLESTEROL (DO NOT TAKE WITH GRAPEFRUIT
JUICE.)

CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE TWO TABLETS BY ACTIVE
MOUTH ONCE DAILY FOR 4 WEEKS, THEN TAKE ONE TABLET ONCE
DAILY FOR VITAMIN D SUPPLEMENT

CYANOCOBALAMIN 500MCG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY FOR VITAMIN B-12 SUPPLEMENT

DICLOFENAC NA 1% TOP GEL APPLY 2 GRAMS TOPICALLY FOUR ACTIVE
TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE.
DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER
BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER
BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR
PAIN AND INFLAMMATION

FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 SPRAYS IN ACTIVE
EACH NOSTRIL ONCE DAILY FOR ALLERGIC RHINITIS

LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR ALLERGIC RHINITIS

SERTRALINE HCL 50MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE ACTIVE
DAILY FOR 7 DAYS, THEN TAKE ONE TABLET ONCE DAILY FOR
ANXIETY

TAMSULOSIN HCL 0.4MG CAP TAKE ONE CAPSULE BY MOUTH ONCE ACTIVE
DAILY FOR PROSTATE - 30 MINUTES AFTER THE SAME MEAL EACH
DAY

Sleep Questionnaires:

Veteran returned the questionnaires.

ESS: 0/24

ISI: 21/28

FOSQ-10: 32 /40

PCL-5: 60/85

Sleep symptoms:

Snoring

Witnessed apneas

Problems falling asleep.

Causes of nocturnal awakenings:

thoughts and worries, anxiety and dread, PTSD related symptoms

Sleep Quality

On average how many times do you awaken during the night? 5

Have you or a blood relative been diagnosed with sleep apnea? don't know

How long does it take you to fall asleep after the lights are off? 30-45 minutes

What is your usual bedtime?

Workdays: midnight

Weekends: midnight

What is your usual wake time?

Workdays: 0700

Weekends: 0700

Do you have the urge to fall asleep when driving?

Never

Have you ever had a car accident while driving due to sleepiness? no

Night shift worker? Yes

If current, does your job involve rotating night shifts? Yes

How many caffeinated beverages are typically consumed within 4 hours of bedtime? none

How many alcoholic beverages are typically consumed within 4 hours of bedtime? 1

Are you a smoker?

No:

Past smoker: No

WAKE UP QUESTIONAIRE:

Are you willing to try the following treatments for sleep apnea?

CPAP mask and machine: No

Dental device: No

If sleep test is negative for sleep apnea, would Veteran like an appointment to see a sleep specialist in clinic? Yes

Reported feelings of claustrophobia?

No

Medications taken prior to sleep?

None

Bedpartner Questionnaire:

Has/had bed partner

Behaviors observed:

Loud snoring

Soft snoring

Why are you undergoing a Sleep Evaluation?

I don't feel well.

I'm worried about poor sleep affecting my general health, thinking or mood.

My sleep bothers my bedpartner

My doctor sent me

Home Sleep Test Data Summary

Home Testing:

DATE OF INTERPRETATION: 10/20/2022 8:56:42 AM

DATE OF STUDY 10/11/2022

SCORING SLEEP TECHNITIAN Rachel Sheldon, RPSGT

Height (inch) 68

Weight (lb) 165

BMI 25.1

Age 62

Analysis Start Time: 11:06 PM

Analysis End Time 6:51 AM

Total Analysis Duration: 7h 45m

3% CRITERIA (NORMAL AHI is <5 e/hr)

AHI (#events/hr): 17.8

ODI (#events/hr): 15.2

Obstructive A + H + mixed : 16.1e/hr (90.6% of total AHI)

Central A : 1.7e/hr (9.4% of total AHI)

RESPIRATORY COUNTS

APNEAS (e/hr): 5.3

OBSTRUCTIVE: 3.5

CENTRAL: 1.7

MIXED: 0.1

HYPOPNEAS (e/hr): 12.5

Time spent Supine: 0.3 min (0.1%)
Supine AHI (e/hr) 0

Time spent non-supine 465 min (99.9%)

Non-Supine AHI (e/hr) 17.8

Non-Supine Position Breakdown

Right Side: 76.3min (16.4%)

Left Side: 153.7min (33%)

Prone 235min (50.5%)

AHI Right: 3.1/h

AHI Left: 6.2/hr

AHI Prone: 30.1/hr

4% CRITERIA (NORMAL AHI is <5 e/hr)

AHI 10.2 e/hr

ODI 5.9 e/hr

SNORE %: 77.7

OXYGEN SATURATION DATA:

SPO2 NADIR (%): 85

Average SpO2 (%): 92.7

SpO2 duration<90% 3.9 min 0.8 %

SpO2 duration<89% 1.4 min (0.3%)

SpO2 duration<85% 0 min (0 %)

Average pulse (bpm): 58.9

Highest pulse (bpm) 98

Lowest pulse (bpm) 51

Brady index 0

Tachy index 0

SIGNAL QUALITY

Oximeter Quality (%): 100

Flow Quality (%): 100

Abdomen RIP Quality (%) 100

Thorax RIP Quality (%): 100

Summary: Sleep Apnea
moderate elevation of the apnea-hypopnea index.

Heavy snoring was recorded

Mild oxyhemoglobin desaturation was seen.

/es/ RACHEL M SHELDON

RPSGT/MIT

Signed: 10/20/2022 10:33

/es/ ALEXANDER GOMEZ, MD

V21 Sleep Clinical Resource Hub (CRH)

Cosigned: 10/27/2022 00:49

10/27/2022 ADDENDUM

STATUS: COMPLETED

*** Sleep Clinical Resource Hub (CRH) Home Sleep Test Interpretation ***

IMPRESSION

Abnormal Study

Elevated AHI 18 events/hr (normal <5/hr) based on 3% oxygen desaturation criteria for hypopneas .

Events are primarily hypopneas; paradoxical breathing is noted with both hypopneas and occasional obstructive apneas.

AHI likely underestimates the severity of sleep disordered breathing due to limitations in scoring with home testing. There are frequent episodes of flattening of the nasal flow signal followed by increases in the heart rate suggesting nondesaturating hypopneas.

Flattening of the nasal flow signal is observed for most of the study. Snore trains are recorded for 77.7% of the study, during which time:
- 91.0% snores > 70 decibels
- 74.7% snores > 80 decibels

Breathing events were more frequent in the prone position (prone AHI 30 x 50% TST; nonpron e AHI 5 x 50%). The patient confirmed he was wearing the sleep testing equipment with proper orientation of the device.

Oxygen indices showed average O₂ 92.7 and 0.3% of analysis time (1.4 minutes) at O₂ sat < 89%.

DIAGNOSIS

Moderate obstructive sleep apnea

RECOMMENDATIONS

The Veteran has significant OSA and disturbed sleep. He

has indicated that he is not interested in CPAP; he would benefit from a visit with provider to review available treatment options. The Veteran will be scheduled into sleep clinic. Side sleeping is recommended in the mean time.

- Avoid alcohol and sedatives before bedtime since these may greatly increase the severity of sleep apnea.
- Summary sheet and sample epochs will be scanned to chart.
- Patient notified by phone of testing results.
- Follow up will be scheduled in sleep clinic for full clinical evaluation

/es/ ALEXANDER GOMEZ, MD
V21 Sleep Clinical Resource Hub (CRH)
Signed: 10/27/2022 12:21

Date/Time:	19 Oct 2022 @ 1147
Note Title:	V21 CRH Sleep Study Data Upload
Location:	No CA Healthcare Sys-Martinez
Signed By:	MADRIAGA,DOMINGO BARRERA
Co-signed By:	MADRIAGA,DOMINGO BARRERA
Date/Time Signed:	19 Oct 2022 @ 1148

Note

LOCAL TITLE: V21 CRH Sleep Study Data Upload

STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: OCT 19, 2022@11:47 ENTRY DATE: OCT 19, 2022@11:47:39

AUTHOR: MADRIAGA,DOMINGO BA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Sleep Clinical Resource Hub (CRH) Home Sleep Test Data Upload

Home sleep study recorder received and downloaded.

Data quality is ACCEPTABLE

Questionnaires were Returned

Study to be scored and reviewed for interpretation

/es/ DOMINGO MADRIAGA, RPSGT, RST,CCSH

MIT-POLYSOMNOGRAPHIC TECH

Signed: 10/19/2022 11:48

Date/Time:	18 Oct 2022 @ 0956
Note Title:	PT OPC Follow-Up 60318
Location:	No CA Healthcare Sys-Martinez
Signed By:	CONNOLLY,JOHN
Co-signed By:	CONNOLLY,JOHN
Date/Time Signed:	18 Oct 2022 @ 1110

Note

LOCAL TITLE: PT OPC Follow-Up 60318

STANDARD TITLE: PHYSICAL THERAPY OUTPATIENT NOTE

DATE OF NOTE: OCT 18, 2022@09:56 ENTRY DATE: OCT 18, 2022@09:56:20

AUTHOR: CONNOLLY,JOHN EXP COSIGNER: BASEFLUG,BRUCE

URGENCY: STATUS: COMPLETED

PT OUTPATIENT FOLLOW-UP

patient identified by SSN and name

REFERRING MEDICAL PRACTITIONER: DULAI,KAMALPREET

PROVISIONAL DIAGNOSIS:Cervicalgia(ICD-10-CM M54.2)

REASON FOR REQUEST & MEDICAL JUSTIFICATION:

" Pt with neck pain, please help with ROM exercises.

S: Patient s new complaints. Clicking at neck still - can cause pain. Very busy life style. Likes tennis ball massage.

O: PT EVAL: neutral-flexion bias neck stabilization program.

Educated patient in helpful sitting body mechanics to support neck.

Instructed patient to sit with rolled towel at low back after successful demo in clinic. Issued pt slomo ball after successful demo.

SKIN ASSESSMENT

[X] No wounds

neck pain = 3/10ps

HEP:

c/s deep neck flexor isometrics/self tx (thinkers pose)

trap stretch seated

standing ctj self mobs duoball

heat traps-axial c/s

neck aarom rot vs slomo ball in sup

PT Tx included c neutral/flex biax of neck:
 chin tuck/thinker sup vs rolled towel - max cues to perform properly
 neck aarom rot vs slomo ball in sup - added to hep
 sit body mechanics ed to support neck

A: Patient tolerated treatment well. Pt resp positively to sup neck rom ex - no 'cracking'. Issued pt slomo ball to practise neck rom with head deweighted.
 Expect him also to benefit from employing sitting body mechanics discussed above to support neck. Pt making gains to goals as he creates hep.

PROGRESS TOWARD MEETING PT GOALS: -IN PROGRESS

The following long-term goals (LTGs) to be achieved in 10 weeks.

1. (I) demo. & knowledgeable of self-progression/maintenance of HEP.
2. pt restore c/s ROM rotation to 60deg + bil
3. pt to improve c/s pain 75% or better at all times
4. pt rpt decrease frequency/minmal 'cracking' sensation w/daily IADLs

The following short-term goals (STGs) to be achieved in 4-6 weeks.

1. Correctly demonstrate home exercises with minimal cues.

P: During the past 30 days the plan of care for this patient has been reviewed with the primary PT. The goals and treatment plan remain in effect.

CUMULATIVE TREATMENT DATA:

Patient's initial PT eval date: 10/4/22

Number of PT follow-up sessions to date: 1/6-8

equipment provided to patient: slomo ball

TODAY'S PT TX TIME: 30 mins.

Ther ex 20

pt ed 10

/es/ John Connolly, PTA, BA
 Physical Therapist Assistant
 Signed: 10/18/2022 11:10

/es/ Bruce Baseflug, MPT
 Physical Therapist
 Cosigned: 10/18/2022 12:02

Date/Time:	12 Oct 2022 @ 1313
Note Title:	V21 CRH SLEEP STUDY HST-NOC OX SET UP CONSULT
Location:	No CA Healthcare Sys-Martinez

Signed By:	MADRIAGA,DOMINGO BARRERA
Co-signed By:	MADRIAGA,DOMINGO BARRERA
Date/Time Signed:	12 Oct 2022 @ 1316

Note

LOCAL TITLE: V21 CRH SLEEP STUDY HST-NOC OX SET UP CONSULT

STANDARD TITLE: SLEEP MEDICINE CONSULT

DATE OF NOTE: OCT 12, 2022@13:13 ENTRY DATE: OCT 12, 2022@13:14:07

AUTHOR: MADRIAGA,DOMINGO BA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Sleep Clinical Resource Hub (CRH) Home Sleep Test Equipment Setup***

Veteran verbally consented to participating in SFT (Store and Forward Telehealth) sleep testing.

Veteran agreed to attend a F2F appointment for instruction on use of Home Sleep Testing equipment.

RECORDER

Recorder was provided to patient in person along with written instructions for use and for return back to VA in person.

Patient signed form acknowledging receipt of recorder and requirement to return it by 10/12/2022

The following device was issued to the patient: Nox T3s recorder # 107

Included in the package:

1. Written instructions on using the Nox T3 recording device, QR code and YouTube URL from the manufacturer.
2. Educational Handout on what sleep apnea is, associated symptoms, and possible treatment options.
3. Educational Handout on continuous positive airway pressure therapy.
4. Sleep Questionnaires (to be returned with the recorder).
5. Sleep Clinical Resource Hub Program Information Sheet.
6. Instructions on how to return the recorder.

Once the recorder is returned to the Sleep CRH and the study is downloaded, scored and interpreted, results will be provided to the patient, including the plan of care to follow. This entire process may take up to several weeks.

For questions or issues, patient or staff can contact (415) 221-4810 x23374 during business hours PST.

/es/ DOMINGO MADRIAGA, RPSGT, RST,CCSH

MIT-POLYSOMNOGRAPHIC TECH

Signed: 10/12/2022 13:16

Date/Time: 04 Oct 2022 @ 1457

Note Title: PT Treatment Plan

Location: No CA Healthcare Sys-Martinez

Signed By: BASEFLUG,BRUCE

Co-signed By: BASEFLUG,BRUCE

Date/Time Signed: 05 Oct 2022 @ 0524

Note

LOCAL TITLE: PT Treatment Plan

STANDARD TITLE: PHYSICAL THERAPY TREATMENT PLAN NOTE

DATE OF NOTE: OCT 04, 2022@14:57 ENTRY DATE: OCT 04, 2022@14:58:05

AUTHOR: BASEFLUG,BRUCE EXP COSIGNER:

URGENCY: STATUS: COMPLETED

PT INITIAL EVALUATION

Identity verified by SSN & DOB

REFERRING MEDICAL PRACTITIONER: DULAI,KAMALPREET

PROVISIONAL DIAGNOSIS:Cervicalgia(ICD-10-CM M54.2)

REASON FOR REQUEST & MEDICAL JUSTIFICATION:

" Pt with neck pain, please help with ROM exercises.

[REDACTED] GENDER: MALE

PERTINENT PAST MEDICAL HISTORY/PROBLEMS:

Computerized Problem List is the source for the following:

1. Cough 09/30/20 BUCAYCAY,ELEANO
2. Knee pain 08/26/20 BUCAYCAY,ELEANO
3. Depressive episode 08/31/22 ESPINOSA,SONJA
4. General Anxiety 08/31/15 WEBER,DIANE ELL
5. Varicose veins of lower extremity (SNOMED CT 08/04/14 TAYLOR,JEFFERY
72866009)

- 6. Impaired Fasting Glucose (ICD-9-CM 790.21) 04/24/13 DOCTOR,FEDERICO
- 7. GERD * (ICD-9-CM 530.81) 04/24/13 DOCTOR,FEDERICO
- 8. DJD, Knee/Lower Leg 03/04/13 TAYLOR,JEFFERY
- 9. CMP INT ORT DEV/GFT NOS 03/04/13 TAYLOR,JEFFERY
- 10. Low Back Pain * (ICD-9-CM 724.2) 08/09/12 DOCTOR,FEDERICO
- 11. Hearing loss * (ICD-9-CM 389.9) 05/24/10 DOCTOR,FEDERICO
- 12. Hyperlipidemia 06/30/08 WOO,JOSEPH C
- 13. Pain in joint involving lower leg (ICD-9-CM 719.46) 06/27/08 WOO,JOSEPH C
- 14. Tear of lateral cartilage or meniscus of knee, current (ICD-9-CM 836.1) 06/27/08 WOO,JOSEPH C

X-RAYS/TESTS (copied from CPRS records): 9/12/22 c/s: "STUDY: Cervical spine series

COMPARISON: None

FINDINGS: 7 cervical type vertebrae. Normal vertebral body height. Grade 1 retrolisthesis of C4 on C5 which improves with flexion but worsens with extension. Grade 2 retrolisthesis of C5 on C6 which improves with flexion. Mild to moderate C3-4 and moderate C4-5 and C5-6 disc space narrowing. No significant foraminal encroachment. Preserved atlantodens interval. The lateral masses of C1 are normally aligned. Unremarkable prevertebral soft tissues.

Impression:

1. Multilevel cervical spine degenerative disc space narrowing.
2. Cervical spine spondylolisthesis with increased sagittal translation on dynamic flexion/extension lateral radiographs as described. "

+++++

SUBJECTIVE FINDINGS -

CHIEF COMPLAINT: 4-5wks ago feels like neck whiplash injury as was playing with

puppy and son and got shoved from behind. felt head snapped neck back from behind and now clicking intermittent but can usually duplicate cracks rotate+ looking down/up, usuall no extra pain w/clicks

MECHANISM & HISTORY: no prior hx c/s issues he rpts

BEHAVIOR OF SYMPTOMS:

WHERE IS THE PAIN: P1 L UT , L axial c/s
PAIN: P1 Best- 0/10; Worst- 7-8/10ps

AGGRAVATING FACTORS:

1. Activity that increases Pain: looking to left and upward clicks -pain
2. What eases Pain: nothing , heal nothing , cold temporary

AM/PM: activity dependent

SLEEP: intermittent

OTHER RX FOR THIS CONDITION: none

OCCUPATION/WORK, PERTINENT SOCIAL SITUATION, & ACTIVITIES pilot /attendeant PT , daily dad , take care of house, computer

PRIOR LEVEL OF FUNCTION:

CURRENT ACTIVITY LEVEL/ FUNCTIONAL LIMITATIONS:

ADAPTIVE EQUIPMENT:

PATIENT/FAMILY GOALS:

get rid of pain, ROM back to norm

SPECIAL QUESTIONS:

1. PERTINENT MEDICAL PROBLEMS/SURGERIES/MEDS: RTC R arthroscopy 8yrs ago - still some issues

2. WEIGHT LOSS/GAIN

COUGH/SNEEZE:can make if crack

BOWEL/BLADDER/Saddle Paresthesia?neg

HA/VISION DISTURBANCE/DIZZY: neg

NIGHT PAIN/NIGHT SWEATS/CHILLS:yes

O:

POSTURE: HEP, rounded shoulders

RANGE OF MOTION:

C/S:

- flex: chin to chest
- ext: 47 extenion no aggs
- R SB: 25 ipsi pain
- L SB: 30 ipsi pain
- R rot:45 min p1 post tx 50deg
- L rot:50 min o1 post tx 60deg less initial 'cracking' sxs

CLEARED JOINTS: bil shoulders c ROM and OP

C-spine- joint mobility

C/S ligs appear intact

Joint	Force	Direction	Grade	End-Feel	Symptom
Upper Cervical	P/A	Central	II	Firm	neg
Mid Cervical	P/A	Central	II	Firm	neg
Lower Cervical	P/A	Central	II	Firm	neg
-	c4-5	facet stiffness	/min	ttt	

PALPATION: mod TTP /TrP L UT , min L facet L4-5, min lev scap L, increased stiffness ctj

prone central PAs- can elicit clicking c3-c6 levels

MOTIVATION: Pt appears motivated to work with therapy toward goals.

BARRIERS TO LEARNING: none

VISION/HEARING: not impaired

PT TREATMENT PROVIDED:

-PATIENT EDUCATION/THEREX: Importance of good posture, basic anatomy, timeline for tissue injury /whiplash sxs

HEP:below

RESPONSE TO EDUCATION: Pt. verbalized understanding of above education and returns good demo of HEP. c/s deep neck flexor isomets/self txn (thinkers pose),

seated trap stretch, standing ctj self mobs duoball, heat traps-axial c/s and for warmup, Recommendations on frequency and duration.

-above given as HEP

manual: L UT muscle pump , cross fxn stm L UT, grII facet unilats L c4 followed by few bouts grIII same. 1' c/s manual very light traction in nerual.

sxs recheck: crack/pop senstation overall unchanged but notable improved ROM and pt (subj) rpts feels alot 'looser'.

ASSESSMENT: Pt is a 62 yo male veteran with several weeks c/s pain and loss ROM w/intermittent cervical spine clicking sounds w/rotational motions. injury event wks ago- s/p apparent whiplash type injury when playing with puppy and son. imaging reveals underlying djd and listhesis conditions t/o c/s . Myofascial restriction also an issues esp L trap. Overall signs/sxs probabl whiplash injury event w/muscle guarding overlying c/s djd-listhesis condition limiting ROM, pain, and eliciting click/crepitus sxs. Initiated tx/Hep

for same today and pt w/improved c/s ROM intrasession. Pt will benefit from continued outpatient PT to improve same w/focus on progression neutral-flexion bias neck stablization program. Pt appears motivated and has good rehab potential to meet the following goals:

Patient agrees to the following treatment plan and goals.

The following long-term goals (LTGs) to be achieved in 10 weeks.

1. (I) demo. & knowledgeable of self-progression/maintenance of HEP.

2. pt restore c/s ROM rotation to 60deg + bil
3. pt to improve c/s pain 75% or better at all times
4. pt rpt decrease frequency/minmal 'cracking' sensation

w/daily IADLs

The following short-term goals (STGs) to be achieved in 4-6 weeks.

1. Correctly demonstrate home exercises with minimal cues.

TREATMENT PLAN: Progress therapy as tolerated and indicated to include more dynamic and challenging exercises. Treatment plan may include soft tissue mobilization/PNF/ATM/IASTM, dry needling, joint mobilization, therapeutic exercise, heat/ice as needed, electrotherapy, instruction in home management program including exercises. LTG listed above. Patient has been advised to contact our office with anyquestions or concerns associated with recommended exercises.

FREQUENCY: 1x per 1-2week

DURATION: 6-8 treatments

PT tx time 65mins
eval 25 mins
therex 10mins
manual 10 mins
pt educ 10 mins
doc 10 mins

/es/ Bruce Baseflug, MPT
Physical Therapist
Signed: 10/05/
2022 05:24

Date/Time: 15 Sep 2022 @ 0815

Note Title: Letter to Patient

Location: No CA Healthcare Sys-Martinez

Signed By: JONES,SHEARON

Co-signed By: JONES,SHEARON

Date/Time Signed: 15 Sep 2022 @ 0824

Note

LOCAL TITLE: Letter to Patient

STANDARD TITLE: LETTERS

DATE OF NOTE: SEP 15, 2022@08:15 ENTRY DATE: SEP 15, 2022@08:16:04

AUTHOR: JONES,SHEARON EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care System

(VANCHCS)

CLINIC ADDRESS:

5342 Dudley Blvd., McClellan, CA 95652

SEPTEMBER 15, 2022

ROBERT ALLEN ROSS

Dear Mr. ROSS:

Dr. Dulai, your primary care provider, wants you to know that multilevel cervical spine degenerative disc narrowing was noted on the imaging completed on September 12, 2022. We will start with physical therapy and if it is not helping, Dr. Dulai recommends a MRI and a referral to Physical Medicine & Rehabilitation.

Impression:

1. Multilevel cervical spine degenerative disc space narrowing.
2. Cervical spine spondylolisthesis with increased sagittal translation on dynamic flexion/extension lateral radiographs as described.

Impression:

1. Multilevel cervical spine degenerative disc space narrowing.
2. Cervical spine spondylolisthesis with increased sagittal translation on dynamic flexion/extension lateral radiographs as described.

Should you have questions, please call 1-800-382-8387.

Sincerely,

/es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

Patient Record Number 7366310

Date/Time:	12 Sep 2022 @ 0959
Note Title:	Primary Care Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	DULAI,KAMALPREET
Co-signed By:	DULAI,KAMALPREET
Date/Time Signed:	12 Sep 2022 @ 1043
Note	

LOCAL TITLE: Primary Care Note

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: SEP 12, 2022@09:59 ENTRY DATE: SEP 12, 2022@09:59:07

AUTHOR: DULAI,KAMALPREET EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** Primary Care Note Has ADDENDA ***

C/C: f/u

HPI: Pt is a 62yo here today for follow up. Still has a ton of work stress, has

law suit, as well as stress from home, son that is difficult to deal with. Had testing for syncope and all wnl. Has neck pain started couple weeks ago when playing with son and dog. Felt a click and now has decreased ROM. Needs his FMLA paperwork filled out again.

PMH:

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2. Knee pain 08/26/20 BUCAYCAY,ELEAN
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5. Varicose veins of lower extremity (SNOMED CT 08/04/14 TAYLOR,JEFFERY 72866009)
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13. Pain in joint involving lower leg (ICD-9-CM 06/27/08 WOO,JOSEPH C 719.46)
14. Tear of lateral cartilage or meniscus of knee, current (ICD-9-CM 836.1) 06/27/08 WOO,JOSEPH C

Medications:

see med list

Immunizations:

PCE IMMUNIZATIONS

Immunization	Series	Date	Facility	Reaction Info
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COVID-19 (MODERNA), MRNA, LNP-S,* 2	03/27/2021	El Dorado*
1	02/27/2021	EL DORADO *

INFLUENZA, INJECTABLE, QUADRIVALE* 10/06/2020 MCCLELLAN *

TD(ADULT) UNSPECIFIED FORMULATION 06/00/2005 No Site

TDAP 07/26/2019 MCCLELLAN *

PCE HEALTH FACTORS SELECTED

Immunization

08/17/2015 Refused Td / Tdap / Dtap
07/18/2014 Refused Td / Tdap / Dtap
04/24/2013 Refused Influenza Immunization
03/07/2012 Refused Influenza Immunization
Refused Td / Tdap / Dtap
02/24/2011 Refused Influenza Immunization
05/24/2010 Refused Influenza H1n1
Refused Influenza Immunization
12/18/2008 Refused Td / Tdap / Dtap

ROS:

CONSTITUTIONAL: No weight loss, fever, chills, weakness or fatigue.

HEENT: Eyes: No visual loss, blurred vision, double vision or yellow sclerae.

Ears, Nose, Throat: No hearing loss, sneezing, congestion, runny nose or sore throat.

SKIN: No rash or itching.

CARDIOVASCULAR: No chest pain, chest pressure or chest discomfort. No palpitations or edema.

RESPIRATORY: No shortness of breath, cough or sputum.

GASTROINTESTINAL: No anorexia, nausea, vomiting or diarrhea. No abdominal pain or blood.

NEUROLOGICAL: No headache, dizziness, syncope, paralysis, ataxia, numbness or tingling in the extremities. No change in bowel or bladder control.

MUSCULOSKELETAL: neck pain

PE: A/A/O x3, NAD, WN, WD. VS reviewed

HEART: Regular rate and rhythm.

LUNGS: No crackles or wheezes are heard. CTAB

EXTREMITIES: Without cyanosis, clubbing or edema.

NEUROLOGICAL: Gross nonfocal.

Skin: Warm and dry without any rash.

Musculoskeletal: decreased ROM with side to side neck, no midline tenderness, pain radiated on palpation to L side around C2-3. No swelling noted. +flexion, difficult with extension.

Pertinent Labs:

Collection DT Spec CHOL TRIGLYC HDL LDL-CHO

06/09/2022 12:07 PLASM 266 H 231 H 42 178 H

12/08/2021 12:52 PLASM 260 H 171 H 50 176 H

SCL1 - Partial CBC

Collection DT Spec WBC HGB HCT MCV MCHC PLT

12/08/2021 12:53 BLOOD 6.7 15.8 48.0 90.4 32.9 360

SCL1 - Lab Cum Selected 1

Collection DT	Spec	NA	K	CL	CO2	CALCIUM	
06/09/2022 12:07	PLASM	137	5.3	H	105	28	9.9

SCL2 - Lab Cum Selected 2

Collection DT	Spec	GLUCOSE	BUN	CREAT	eGFR(MD)	eGFR CK
06/09/2022 12:07	PLASM	115	19	1.00		85
12/08/2021 12:52	PLASM	100	15	0.90	>60	

SCL3 - Lab Cum Selected 3

Collection DT	Spec	PROTEIN	ALBUMIN	T. BIL	D BILI	ALK PHO	AST	ALT	
12/08/2021 12:52	PLASM	7.7	4.9	H	0.8		60	24	26

HbA1c-last 3

Collection DT	Spec	HGBA1c
06/09/2022 12:05	BLOOD	6.0 H
12/08/2021 12:53	BLOOD	6.0 H
07/26/2019 14:54	BLOOD	5.9 H

SCL1 - PSA

Collection DT	Spec	PSA
12/08/2021 12:53	SERUM	1.23
07/25/2019 10:35	SERUM	1.04
08/06/2015 13:38	SERUM	0.79
07/16/2014 11:17	SERUM	0.68
05/13/2010 11:26	SERUM	0.69

SCLU - TSH

Collection DT	Spec	Tsh
06/09/2022 12:05	SERUM	3.06
12/08/2021 12:53	SERUM	3.26

Impression: NMPS 6/2022

1. No evidence for reversible or fixed perfusion defects suggestive of ischemia or prior myocardial infarction is identified.
2. Normal LV systolic function. LVEF = 71% (normal $\geq 50\%$).
3. Incidental noncontrast CT findings include aortic and coronary artery atherosclerosis, 9 mm right upper lobe pulmonary groundglass opacity. Recommend follow-up CT at 6 months.

CONCLUSIONS: zio 7/2022

1. Predominant rhythm is Sinus with an avg rate of 79 bpm, range: 51-155 bpm.
2. Triggered events and diary entries do not correlate with significant arrhythmia.
3. No Atrial Fibrillation seen for period observed.
4. No pauses or significant bradyarrhythmia observed.

5. Overall, benign Ziopatch. No arrhythmogenic cause for syncope observed.

MRI brain nml

Impression:

Unremarkable MRI of brain.

Impression: 8/2022 carotid US

Minimal plaque. No stenosis.

Echo 8/2022:

Interpretation Summary

The left ventricle is normal in size.

The ejection fraction estimate is 55-60%.

The right ventricle is normal in size and function.

Normal sized atria.

No valvular heart disease.

The inferior vena cava appears normal.

A/p:

1. L knee pain s/p 3 surgeries, pain is now worsening, pt is SC for this.

-saw ortho 4/2022, deciding to hold off on any surgeries at this time and if in future desired, will make appt for possible arthroscopy again

-NSAID PRN, use sparingly to avoid HTN

-diclofenac gel PRN

-FMLA paperwork done 12/2021, will need to update now

2. allergic rhinitis/Cough: chronic, likely PND, encourage hydration and flonase

-Update PC to refer to ent if not better.

-cxr wnl

3. BPH w/luts: Flomox 0.4mg daily

4. L cataract: will f/u with eye clinic

5. Low B12: on supplement, continues to be low, if still low, will consider injections.

6. Vitamin D: on supplement

7. A1c in PreDm: lifestyle changes, 6/2022, check now

8. Hyperlipidemia: LDL not at goal 6/2022, on atorvastatin 40mg and check lipid panel now

9. Syncopal episode? stress rxn, dehydraton, cardiac workup normal

-following MH now

-ekg, carotid US wnl, echocardiogram wnl, MRI brain wnl 8/2022, NMPS wnl 6/2022,

ziopatch wnl no afib

-if happens again, will need to go to ER immediately.

-cotninue hydration as well

10. Anxiety/stress: comm care MH, has had initial intake 9/8, 9/16 follow up

11. R upper pulm nodule: noted on CT: repeat 6months
, ordered.

12. Snoring: sleep study ordered, could be due to PND as well.

13. Neck pain: 2 weeks, no change in pillows, was hit from behind,

-xray pending

-order PT

-diclfonec gel PRN, hold off muscle relaxer as it will make him drowsy

HCM:

Colon Ca screening: last Cscope done 2011 and wnl, FIT neg 2/2022

Labs pending

Immunizations: shingrix #1 hold off today

f/u in 6 months or sooner PRN

Clinical Reminders:

Medication Reconciliation:

Med Rec performed with patient/caregiver:

- Home meds compared with CPRS meds
- Medication allergies (local and remote) reviewed
- Discrepancies, if any, discussed with patient/caregiver
- Changes, if any, addressed in "Plan" section of visit note and reflected in CPRS medication list
- Patient/caregiver provided with an updated medication list (or written instructions provided for minor med changes)
- Education provided regarding managing personal medication information, including carrying an updated med list at all times

Allergies/ADRs (Tool #5)

FACILITY	ALLERGY/ADR
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No Remote Allergy/ADR Data available for this patient

NORTHERN CALIFORNIA HCS	DARVOCET-N
NORTHERN CALIFORNIA HCS	ERYTHROMYCIN
NORTHERN CALIFORNIA HCS	VICODIN

Med Recon NoGlossary (Tool #1)

INCLUDED IN THIS LIST: Alphabetical list of active outpatient prescriptions dispensed from this VA (local) and dispensed from another VA or DoD facility (remote) as well as inpatient orders (local pending and active), local clinic medications, locally documented non-VA medications, and local prescriptions that have expired or been discontinued in the past 90 days.

Non-VA Meds Last Documented On: Apr 24, 2013

NOTE The display of VA prescriptions dispensed from another VA or DoD facility (remote) is limited to active outpatient prescription entries matched to National Drug File at the originating site and may not include some items such as investigational drugs, compounds, etc.

NOT INCLUDED IN THIS LIST: Medications self-entered by the patient into personal health records (i.e. My HealtheVet) are NOT included in this list. Non-VA medications documented outside this VA, remote inpatient orders (regardless of status) and remote clinic medications are NOT included in this list. The patient and provider must always discuss medications the patient is taking, regardless of where the medication was dispensed or obtained.

OUTPT ATORVASTATIN CALCIUM 40MG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHOLESTEROL (DO NOT TAKE WITH GRAPEFRUIT JUICE.)

Rx# 71222824 Last Released: 6/15/22 Qty/Days Supply: 90/90

Rx Expiration Date: 6/14/23 Refills Remaining: 3

Indication: FOR CHOLESTEROL

OUTPT CETIRIZINE HCL 10MG TAB (Status = Discontinued)

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ALLERGIES

Rx# 71222193 Last Released: 6/13/22 Qty/Days Supply: 90/90

Rx Expiration Date: 6/10/23 Refills Remaining: 3

Indication: FOR ALLERGIES

OUTPT CHOLECALCIF 50MCG (D3-2,000UNIT) TAB (Status = Active)

TAKE TWO TABLETS BY MOUTH ONCE DAILY FOR 4 WEEKS, THEN TAKE ONE TABLET ONCE DAILY FOR VITAMIN D SUPPLEMENT

Rx# 71175473 Last Released: 12/13/21 Qty/Days Supply: 100/30

Rx Expiration Date: 12/10/22 Refills Remaining: 6

Indication: FOR VITAMIN D SUPPLEMENT

OUTPT CYANOCOBALAMIN 500MCG TAB (Status = Active)

TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN B-12 SUPPLEMENT

Rx# 71175474 Last Released: 12/13/21 Qty/Days Supply: 100/90

Rx Expiration Date: 12/10/22 Refills Remaining: 3

Indication: FOR VITAMIN B-12 SUPPLEMENT

OUTPT DICLOFENAC NA 1% TOP GEL (Status = Active)

APPLY 2 GRAMS TOPICALLY FOUR TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE. DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR PAIN

AND

INFLAMMATION

Rx# 71173807 Last Released: 12/3/21 Qty/Days Supply: 100/30

Rx Expiration Date: 12/3/22 Refills Remaining: 1

Indication: FOR PAIN AND INFLAMMATION

OUTPT FLUTICASONE PROP 50MCG 120D NASAL INHL (Status = Active)

INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY FOR ALLERGIC RHINITIS

Rx# 71222195 Last Released: 6/13/22 Qty/Days Supply: 1/30

Rx Expiration Date: 6/10/23 Refills Remaining: 3

Indication: FOR ALLERGIC RHINITIS

OUTPT LORATADINE 10MG TAB (Status = Pending)

TAKE ONE TABLET BY MOUTH ONCE DAILY

Login Date: 9/12/22 Qty/Days Supply: 30/30

Refills Ordered: 3

OUTPT SERTRALINE HCL 50MG TAB (Status = Active)

TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR 7 DAYS, THEN TAKE ONE TABLET ONCE DAILY FOR ANXIETY

Rx# 71222194 Last Released: 6/13/22 Qty/Days Supply: 27/30

Rx Expiration Date: 6/10/23 Refills Remaining: 1

Indication: FOR ANXIETY

OUTPT TAMSULOSIN HCL 0.4MG CAP (Status = Active)

TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR PROSTATE - 30 MINUTES AFTER THE SAME MEAL EACH DAY

Rx# 71222196 Last Released: 6/13/22 Qty/Days Supply: 90/90

Rx Expiration Date: 6/10/23 Refills Remaining: 3

Indication: FOR PROSTATE

CLIN ZOSTER VACCINE,RECOMBINANT INJ (Status=Active)

0.5 ML INTRAMUSCULARLY ONCE First dose in 2 dose series for the prevention of Shingles (Shingrix)

Indication: TO PREVENT INFECTION

CLIN ZOSTER VACCINE,RECOMBINANT INJ (Status=Active)

0.5 ML INTRAMUSCULARLY ONCE Second and final dose in 2 dose series for the prevention of Shingles. To be

administered at least 2 months after first dose
(Shingrix) Indication: TO PREVENT INFECTION

SUPPLIES

/es/ Kamalpreet Dulai, MD
Physician, Primary Care
Signed: 09/12/2022 10:43

09/15/2022 ADDENDUM STATUS: COMPLETED
Please let pt know multilevel cervical spine deg disc noted, will start with PT,
if not helping, i would recommend MRI and referral to PM&R, please let pt
know
to update PC.

Impression:

1. Multilevel cervical spine degenerative disc space narrowing.
2. Cervical spine spondylolisthesis with increased sagittal translation on dynamic flexion/extension lateral radiographs as described.

/es/ Kamalpreet Dulai, MD
Physician, Primary Care
Signed: 09/15/2022 08:09

Receipt Acknowledged By:

09/15/2022 08:26 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

Date/Time:	12 Sep 2022 @ 0956
Note Title:	Preventive Health Screen 11514
Location:	No CA Healthcare Sys-Martinez
Signed By:	COLEMON,VIVIAN DENISE
Co-signed By:	COLEMON,VIVIAN DENISE
Date/Time Signed:	12 Sep 2022 @ 1000

Note

LOCAL TITLE: Preventive Health Screen 11514
STANDARD TITLE: PREVENTIVE MEDICINE RISK ASSESSMENT SCREENING NO
DATE OF NOTE: SEP 12, 2022@09:56 ENTRY DATE: SEP 12, 2022@09:56:47

AUTHOR: COLEMON,VIVIAN DENI EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Clinical Reminders:

Medication Inventory:

Does the VA medication list below reflect EXACTLY what the patient and/or caregiver state the patient is taking (including non-VA prescriptions, over the counter medications, vitamins and herbal supplements)?

Unable to review with patient/caregiver due to the following reason:

-Other: Review with pcp.

Allergies:

ERYTHROMYCIN, VICODIN, DARVOCET-N

Active and Recently Expired Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ATORVASTATIN CALCIUM 40MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHOLESTEROL (DO NOT TAKE WITH GRAPEFRUIT JUICE.)	ACTIVE
2) CETIRIZINE HCL 10MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ALLERGIES	ACTIVE
3) CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE TWO TABLETS BY MOUTH ONCE DAILY FOR 4 WEEKS, THEN TAKE ONE TABLET ONCE DAILY FOR VITAMIN D SUPPLEMENT	ACTIVE
4) CYANOCOBALAMIN 500MCG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR VITAMIN B-12 SUPPLEMENT	ACTIVE
5) DICLOFENAC NA 1% TOP GEL APPLY 2 GRAMS TOPICALLY FOUR TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE. DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR PAIN AND INFLAMMATION	ACTIVE
6) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY FOR ALLERGIC RHINITIS	ACTIVE
7) SERTRALINE HCL 50MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR 7 DAYS, THEN TAKE ONE TABLET ONCE DAILY FOR ANXIETY	ACTIVE
8) TAMSULOSIN HCL 0.4MG CAP TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR PROSTATE - 30 MINUTES AFTER THE SAME MEAL EACH DAY No Active Remote Medications for this patient	ACTIVE

Nutrition Screening:

Most recent measurements:

Measurement DT WEIGHT

LB(KG)[BMI]

09/12/2022 09:53 165(74.84)[25]

06/09/2022 10:06 170(77.11)[26]

09/15/2020 12:27 167(75.75)[25]

07/26/2019 13:37 165(74.84)[25]

Ht. 68 in [172.7 cm] (07/26/2019 13:37)

BMI 25.1

Vitals:

Most recent VS: Wt. 165 lb [74.84 kg] (09/12/2022 09:53)
BP 128/76 (09/12/2022 09:53)
HR 60 (09/12/2022 09:53)
Temp 98.3 F [36.8 C] (09/12/2022 09:53)
BMI 25.1

Pain

5

Nurse Pain Assessment:

Pain score:

5

Pain location:

--- Neck

Pain date of onset:

--- Two weeks

Character of the pain:

--- Sharp

Pain relieved by:

--- Massage

Pain exacerbated by:

--- holding neck in certain positions

Pain affects the patient's ADLs:

Interferes with: Sleep

/es/ Vivian Denise Colemon, LVN

Nursing Service, Specialty Clinic

Signed: 09/12/2022 10:00

Date/Time: 31 Aug 2022 @ 1420

Note Title: CP Cardiology Procedure Report

Location: No CA Healthcare Sys-Martinez

Signed By: CLINICAL,DEVICE PROXY SERVICE

Date/Time Signed: 31 Aug 2022 @ 1420

Note

LOCAL TITLE: CP Cardiology Procedure Report

STANDARD TITLE: CARDIOLOGY DIAGNOSTIC STUDY REPORT

DATE OF NOTE: AUG 31, 2022@14:20:55 ENTRY DATE: AUG 31, 2022@14:20:55

AUTHOR: CLINICAL,DEVICE PRO EXP COSIGNER:

URGENCY: STATUS: COMPLETED

** DOCUMENT IN VISTA IMAGING **

SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED
SEE SIGNATURE IN VISTA IMAGING

** (XCELERA ISCV ECHO SAC) AUTO-INSTRUMENT DIAGNOSIS **

Procedure: ADULT Adult

Release Status: Released Off-Line Verified

Date Verified: Aug 31, 2022@14:20:33

CP Order Number: 3220831000029

VAMC Sacramento +-----+

10535 Hospital Way : :

Mather, CA 95655 +-----+

Transthoracic Echocardiogram Report

:Name: ROSS, ROBERT ALLEN Study Date: 08/31/2022 Height: 68

in :

:MRN: [REDACTED] CP #: 3220831000029 Weight: 170

lb:

:DOB: 10/28/ [REDACTED] Gender: Male BSA: 1.9 m2

:

: [REDACTED] yrs Patient Location: SAC CARDIO ECHO TECH RAD

:

:Reason For Study: Syncope

:

+-----+ +-----+

:

::Sonographer: Yi Qin:

+-----+ +-----+

:Referring Physician: DULAI, KAMALPREET

:

+-----+

Procedure: A two-dimensional transthoracic echocardiogram with color flow and Doppler was performed. There is no prior echocardiogram noted for this patient. The patient was in normal sinus rhythm during the exam.

Left Ventricle: The left ventricle is normal in size. Left ventricular systolic function is normal. The ejection fraction estimate is 55-60%. The left ventricular wall motion is normal. Assessment of diastolic parameters indicates normal left ventricular diastolic function and normal filling pressures.

Right Ventricle: The right ventricle is normal in size and function.

Atria: The left atrial size is normal. Right atrial size is normal. The atrial septum is aneurysmal.

Aortic Valve: The aortic valve is normal in structure and function. The aortic valve is trileaflet. The aortic valve opens well. There is no aortic valve stenosis. No aortic regurgitation is present.

Mitral Valve: There is mild mitral annular calcification. The mitral valve leaflets are thickened, but show no functional abnormalities. There is no

mitral valve stenosis. There is trace mitral regurgitation.

Pulmonic Valve: The pulmonic valve is not well seen, but is grossly normal. There is no pulmonic valvular regurgitation.

Tricuspid Valve: There is tricuspid annular calcification. The tricuspid valve is not well visualized, but is grossly normal. There is trace tricuspid regurgitation. TR doppler is inadequate to accurately estimate right ventricular systolic pressure (RVSP).

Great Vessels: The aortic root is normal size. The inferior vena cava appears normal.

Pericardium/ Pleural Space: There is no pericardial effusion. Pleural effusion noted.

MMode/2D Measurements \T\ Calculations

IVSd: 1.1 cm LVIDd: 4.3 cm Ao root diam: 3.2 cm asc Aorta Diam:

LVPWd: 1.1 cm LVIDs: 3.0 cm LA dimension: 3.4 cm 3.0 cm

TAPSE_phl: 2.0 cm IVC Diam_phl: RA Length_phl: 5.1 cm RV Mid_phl:
1.4 cm RA Width_phl: 3.4 cm 2.1 cm

LAV(MOD-sp2): LAV(MOD-sp4): LAV(MOD-sp4) index:
34.2 ml 40.4 ml
21.2 ml/m²

Doppler Measurements \T\ Calculations

MV E max vel: Lat Peak E' Vel: MVP1/2T: 62.5 sec e': 11.2

cm/sec

73.7 cm/sec 11.0 cm/sec MV dec slope: E/e': 6.6

MV A max vel: Med Peak E' Vel: 345.5 cm/sec²

70.3 cm/sec 6.3 cm/sec

MV E/A: 1.0

MV dec time:

0.22 sec

Ao V2 max: LV V1 max: PA acc time: PA pr(Accel):
130.3 cm/sec 95.6 cm/sec 0.10 sec 33.1 mmHg

Ao max PG: 6.8 mmHg LV V1 max PG:

Ao mean PG: 3.8 mmHg 3.7 mmHg

Ao V2 VTI: 29.0 cm LV V1 mean PG:

1.5 mmHg

LV V1 VTI: 19.7 cm

Pulm A Revs Vel: AV VR_phl: 0.73 MV P1/2t-pr_phl:
33.1 cm/sec 62.5 msec

Pulm A Revs Dur:

0.14 sec

Interpretation Summary

The left ventricle is normal in size.

The ejection fraction estimate is 55-60%.

The right ventricle is normal in size and function.

Normal sized atria.

No valvular heart disease.

The inferior vena cava appears normal.

No prior study for comparison.

Electronically signed by: Matthew Lam, MD on 08/31/2022

Reading Physician:02:20 PM

Administrative Closure: 08/31/2022

by:

CLINICAL,DEVICE PROXY SERVICE

Date/Time:	31 Aug 2022 @ 1132
Note Title:	MH Triage
Location:	No CA Healthcare Sys-Martinez
Signed By:	ESPINOSA,SONJA C
Co-signed By:	ESPINOSA,SONJA C
Date/Time Signed:	31 Aug 2022 @ 1149

Note

LOCAL TITLE: MH Triage

STANDARD TITLE: MENTAL HEALTH TRIAGE NOTE

DATE OF NOTE: AUG 31, 2022@11:32 ENTRY DATE: AUG 31, 2022@11:33:06

AUTHOR: ESPINOSA,SONJA C EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Veteran came in today to get established for care at the Mather VA due to his frustration with wait times. Veteran currently has a CC consult in place for therapy. Notified veteran that if he chooses to est at Mather, his CC consult will have to be canceled. Discussed wait times here at GMH. Notified veteran that current wait times are longer than 6 months for therapy. Veteran opted to stay with CC as they are in process of scheduling. Gave vetean names of CC providers identified in teh consult as veteran would like to proactively

research which providers may be a good fit.

The veteran denied any suicide-related ideation and/or behaviors and intent/plan, denied thoughts about death and dying during discussion. The patient also denied any homicidal-related ideation and/or behaviors and intent/plan during discussion. Veteran informed of crisis services; triage clinic, Emergency Department, VA Hotline and 911. He verbalized understanding of how to access services and willingness to utilize crisis services if one emerged prior to the next scheduled appointment.

/es/ Sonja C. Espinosa, LCSW

Clinical Social Worker

Signed: 08/31/2022 11:49

Date/Time: 17 Aug 2022 @ 1233

Note Title: Letter to Patient

Location: No CA Healthcare Sys-Martinez

Signed By: JONES,SHEARON

Co-signed By: JONES,SHEARON

Date/Time Signed: 17 Aug 2022 @ 1235

Note

LOCAL TITLE: Letter to Patient

STANDARD TITLE: LETTERS

DATE OF NOTE: AUG 17, 2022@12:33 ENTRY DATE: AUG 17, 2022@12:33:18

AUTHOR: JONES,SHEARON EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Affairs

Department Of Veterans

VA Northern California Health Care System

(VANCHCS)

CLINIC ADDRESS:

5342 Dudley Blvd., McClellan, CA 95652

AUGUST 17, 2022

ROBERT ALLEN ROSS

Dear Mr. ROSS:

Dr. Dulai, your primary care provider, wants you to know that the carotid ultrasound and the chest x-ray that were completed on August 9, 2022 are both normal.

Impression:

Minimal plaque. No stenosis.

Impression:

No radiographic evidence of acute cardiopulmonary disease. No pulmonary edema, soft tissue pulmonary nodules, or lobar alveolar consolidation/pneumonia appreciated.

Should you have questions, please call 1-800-382-8387.

Sincerely,

/es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

Patient Record Number 7366310

Date/Time:	16 Aug 2022 @ 1111
Note Title:	COMMUNITY CARE-CARE COORDINATION PLAN NOTE
Location:	No CA Healthcare Sys-Martinez
Signed By:	CARRAS,JENNIFER ANN
Co-signed By:	CARRAS,JENNIFER ANN
Date/Time Signed:	16 Aug 2022 @ 1114

Note

LOCAL TITLE: COMMUNITY CARE-CARE COORDINATION PLAN NOTE

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: AUG 16, 2022@11:11 ENTRY DATE: AUG 16, 2022@11:12:04

AUTHOR: CARRAS,JENNIFER ANN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Community Care Consult: Individual Psychotherapy

Consult No: 612_543190

Community Care Consult Dated: August 15, 2022

Chief Complaint: Depression, unspecified(ICD-10-CM F32.A)

Unable to verify caregiver support at time of note entry

Level of Care Coordination

Basic

Care Coordination was determined from:

Chart Review

Facility Community Care Office Contact

Care Coordination Point of Contact: Community Care Service

Phone Number: (707) 562-8430

Services:

Navigation

Scheduling

Post-Appointment Follow-Up

E-Communications to referring provider

Plan:

Type of Care: Psychotherapy

Setting: Outpatient

Duration: 12 months

Assist PRN with communication between Community Care providers and the interdisciplinary VA team. Coordinate appropriate patient care along the continuum of the Community Care Consult.

/es/ JENNIFER ANN CARRAS

BSN, RN, Community Care, MCC

Signed: 08/16/2022 11:14

Date/Time:	16 Aug 2022 @ 1028
Note Title:	MH Rapid Triage Screening
Location:	No CA Healthcare Sys-Martinez
Signed By:	FERRARI,LAURIE ANN
Co-signed By:	FERRARI,LAURIE ANN
Date/Time Signed:	16 Aug 2022 @ 1153

Note

LOCAL TITLE: MH Rapid Triage Screening

STANDARD TITLE: MENTAL HEALTH TRIAGE NOTE

DATE OF NOTE: AUG 16, 2022@10:28 ENTRY DATE: AUG 16, 2022@10:28:09

AUTHOR: FERRARI,LAURIE ANN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

RAPID TRIAGE SCREENING

ROSS, ROBERT ALLEN

Race: DECLINED TO ANSWER

Sex: MALE

SSN: [REDACTED]

Reason for Visit: Brief behavioral health screening to determine urgency of mental health care needs, address urgent/emergent issues, and identify a follow up care plan.

Visit took place via: Telephone

DATE/TIME OF INITIAL REFERRAL FOR SCREENING: Aug 16, 2022

PRIMARY PHONE: 9162842402 OK TO LEAVE MESSAGE? Yes

SECONDARY PHONE: OK TO LEAVE MESSAGE?

PRESENTING PROBLEM: Writer contacted veteran via phone to follow up on GMH consult. Writer contacted veteran at number above. Veteran shared they work for the airlines and were unable to keep F2F Comp Update appointment with provider LC for 8/26/22 due to conflict in work schedule. Veteran prefers F2F services if at the VA. Due to length of time for next F2F, veteran requesting CC referral for psychotherapy.

MSE/Obs:

Speech wnl, ox4, attention focused, no H/I or S/I reported. No acute distress noted. Behavior cooperative, pleasant, engaging. Insight - veteran appropriately seeking and following through with care.

Writer unable to complete all rapid triage questions with veteran.

C-SSRS not conducted. No acute distress noted.

PSYCHIATRIC HX:

Prev OP TX? Yes 2015 Comprehensive Assessment.

Current TX? No

Prev Hosp? Unk

SUBSTANCE ABUSE PROBLEM:

Alcohol: Current: unk

Drugs: Current: unk Past:

In recovery: Current: unk Past:

DISPOSITION:

Urgency: Routine

INITIAL SETTING AND TREATMENT PLAN:

Veteran did not appear to be at imminent risk to harm self or others. Veteran is judged to be sustainable as an outpatient at this time. No acute distress noted.

Appointment scheduled: Consult for GMH forwarded as Community Consult.

PATIENT WAS PROVIDED WITH THE FOLLOWING CONTACT INFORMATION:

Advised of clinic contact: Name/Phone Number: Laurie Ferrari, LCSW 916-561-7445

Provided contact and instructions Veterans Crisis Line: 1-800-273-8255, option #1 at the prompt or text to 838255

Other resources provided: 988 #1 National Hotline

VETERAN QUESTIONS AND/OR CONCERNS WERE ADDRESSED REGARDING CARE.

Veteran would like F2F if services at VA clinic. Veteran was unable to keep 8/26 intake with MCCL due to schedule conflict.

Other comments: Writer provided supportive, validating, empathetic and active listening to veteran. Writer explained services available in GMH, including Access walk in and phone clinic, individual therapy, and community care program.

Due to timeliness of F2F at VA, veteran requesting referral to Community Care. Veteran requesting care sooner than later. Consult submitted by writer.

/es/ LAURIE ANN FERRARI

LCSW

Signed: 08/16/2022 11:53

Date/Time:	16 Aug 2022 @ 1018
Note Title:	Medical Clerk Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	CHEW,COLLIN YAMADA
Co-signed By:	CHEW,COLLIN YAMADA
Date/Time Signed:	16 Aug 2022 @ 1037

Note

LOCAL TITLE: Medical Clerk Note

STANDARD TITLE: COMMUNICATION NOTE

DATE OF NOTE: AUG 16, 2022@10:18 ENTRY DATE: AUG 16, 2022@10:18:30

AUTHOR: CHEW,COLLIN YAMADA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Phone Call

WHO IS CALLING: Patient

REASON FOR CALL:Cx INT appt

TIME PATIENT WILL BE HOME FOR RETURN CALL: Aug 16,2022

MESSAGE MAY BE LEFT WITH: Patient

CALLER'S MOOD: Calm

DISPOSITION: Other: coffey, ferrari

ADDRESS:

[REDACTED]
[REDACTED] y.o.

PCP:DULAI,KAMALPREET

FUTURE APPOINTMENT(S):

MAS CLINIC VISITS FUTURE

08/31/2022 10:00 SAC CARDIO ECHO TECH RAD

09/12/2022 09:30 NSAC PACT GREEN WH

Letter Reminders

RECALL DATE CLINIC

No data available

PT called to cancel his INT appt due to scheduling conflict. Attempted to r/s offering next available approximately 4 months out. PT requesting community care due to wait time. Alerting triage

/es/ COLLIN YAMADA CHEW

Medical Support Assistant

Signed: 08/16/2022 10:37

Receipt Acknowledged By:

08/16/2022 11:09 /es/ Nancy E Coffey LCSW

Social worker

08/16/2022 11:02 /es/ LAURIE ANN FERRARI

LCSW

Date/Time: 24 Jul 2022 @ 0824

Note Title: Radiology Note

Location: No CA Healthcare Sys-Martinez

Signed By: SWAN,NEPHTERIA

Co-signed By: SWAN,NEPHTERIA

Date/Time Signed: 24 Jul 2022 @ 0825

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: JUL 24, 2022@08:24 ENTRY DATE: JUL 24, 2022@08:24:43

AUTHOR: SWAN,NEPHTERIA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

EXAM CANCELLATION

Date order was placed: Jul 8,2022

The patient was scheduled to have a Ultrasound examination of the cartoid. This examination has been discontinued for the following

reason: NO RESPONSE TO SCHEDULING ATTEMPTS- ORDER CX'D.

Thank you,
Radiology/Nuclear Medicine Service

/es/ Nephteria Swan
Medical Support Assistant
Signed: 07/24/2022 08:25

Receipt Acknowledged By:
07/25/2022 07:44 /es/ Kamalpreet Dulai, MD
Physician, Primary Care

Date/Time: 22 Jul 2022 @ 1139

Note Title: Letter to Patient

Location: No CA Healthcare Sys-Martinez

Signed By: JONES,SHEARON

Co-signed By: JONES,SHEARON

Date/Time Signed: 22 Jul 2022 @ 1145

Note

LOCAL TITLE: Letter to Patient

STANDARD TITLE: LETTERS

DATE OF NOTE: JUL 22, 2022@11:39 ENTRY DATE: JUL 22, 2022@11:39:44

AUTHOR: JONES,SHEARON EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care System

(VANCHCS)

CLINIC ADDRESS:

5342 Dudley Blvd., McClellan, CA 95652

JULY 22, 2022

ROBERT ALLEN ROSS

Dear Mr. ROSS:

Dr. Dulai, your primary care provider, wants you to know that the Zio Patch that you applied to monitor your heart rhythm was benign and showed no arrhythmia cause for syncope. No atrial fibrillation was noted. That's good news!

CONCLUSIONS:

1. Predominant rhythm is Sinus with an avg rate of 79 bpm, range: 51-155 bpm.
2. Triggered events and diary entries do not correlate with significant arrhythmia.
3. No Atrial Fibrillation seen for period observed.
4. No pauses or significant bradyarrhythmia observed.
5. Overall, benign Ziopatch. No arrhythmogenic cause for syncope observed.

Should you have questions, please call 1-800-382-8387.

Sincerely,

/es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

Patient Record Number 7366310

Date/Time:	22 Jul 2022 @ 0921
Note Title:	Holter Monitor (SAC)
Location:	No CA Healthcare Sys-Martinez
Signed By:	LAM,MATTHEW YAN
Co-signed By:	LAM,MATTHEW YAN
Date/Time Signed:	22 Jul 2022 @ 1046

Note

LOCAL TITLE: Holter Monitor (SAC)

STANDARD TITLE: CARDIOLOGY PROCEDURE CONSULT

DATE OF NOTE: JUL 22, 2022@09:21 ENTRY DATE: JUL 22, 2022@09:22:02

AUTHOR: LAM,MATTHEW YAN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

DATE/TIME: Jul 22,2022@09:22

ROSS,ROBERT ALLEN [REDACTED]

*** ZIO XT PATCH - CONTINUOUS HOLTER MONITOR REPORT ***

Start date: 7/7/22

End date: 7/16/22

Total analysis time after artifact removed: 8 days 18 hours

REFERRING PROVIDER: Dulai, Kamalpreet MD

REASON FOR REQUEST: Syncope

HEART RATE: MAX 179 bpm

MIN 51 bpm

AVG 79 bpm

ATRIAL FIBRILLATION: None found

SYMPTOMS CORRELATE WITH ARRHYTHMIA:

A total of 4 triggered events and 2 diary entries noted. Diary entries: (1)

"fluttering or racing, short of breath while started thinking about my union

and

how they ruin my life/family. No way to retire.Finances" correlating to sinus

with a rate of 83 bpm. (2) "Dizziness, lightheaded while stood up from sitting

on couch. Felt lightheaded and dizzy." Correlating to sinus with a rate of

97

bpm. Remainder of triggered events correlating to sinus with rates between 74-112 BPM, rare SVE.

FINDINGS:

- 1 run of Supraventricular Tachycardia occurred lasting 4 beats (2 sec) with a max rate of 179 bpm (avg 146 bpm). This likely represents a run of paroxysmal atrial tachycardia. No associated symptoms were reported.
- Isolated SVEs were rare (<1.0%, 414), SVE Couplets were rare (<1.0%, 18), and
- SVE Triplets were rare (<1.0%, 8). Isolated VEs were rare (<1.0%, 48), VE

Couplets were rare (<1.0%, 2), and VE Triplets were rare (<1.0%, 2).

CONCLUSIONS:

1. Predominant rhythm is Sinus with an avg rate of 79 bpm, range: 51-155 bpm.
2. Triggered events and diary entries do not correlate with significant arrhythmia.
3. No Atrial Fibrillation seen for period observed.
4. No pauses or significant bradyarrhythmia observed.
5. Overall, benign Ziopatch. No arrhythmogenic cause for syncope observed.

(SVE = supraventricular ectopics, VE = ventricular ectopics)

Preliminary data entered by Roger Perez, Jul 22,2022@09:23; data verified and edited for accuracy as necessary. Final interpretation and report

by Lam, Matthew MD.

/es/ Matthew Lam, MD
Staff Physician, Cardiology
Signed: 07/22/2022 10:46

Date/Time: 12 Jul 2022 @ 1458

Note Title: Radiology Note

Location: No CA Healthcare Sys-Martinez

Signed By: DEO,SHARON

Co-signed By: DEO,SHARON

Date/Time Signed: 12 Jul 2022 @ 1502

Note

LOCAL TITLE: Radiology Note

STANDARD TITLE: RADIOLOGY NOTE

DATE OF NOTE: JUL 12, 2022@14:58 ENTRY DATE: JUL 12, 2022@15:00:21

AUTHOR: DEO,SHARON EXP COSIGNER:

URGENCY: STATUS: COMPLETED

RADIOLOGY APPOINTMENT TRACKING NOTE

Exam on Hold:

Awaiting patient's response for scheduling

Attempted to schedule the patient:

1st call

Ultrasound

Date Desired: Jul 8,2022

Type of Exam: carotid us

JUL 12, 2022

ROBERT ALLEN ROSS



DEAR ROBERT ALLEN ROSS

We are attempting to schedule you for an imaging test ordered by your provider. We have attempted to contact you at the phone number listed in our database and have been unsuccessful. Please contact us within 14 days of date this letter to schedule your appointment for: ULTRASOUND

You can reach us at:

916-364-3158 - Ultrasound, Mather/McClellan